



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY	
Postmark Date	11-13-18
Check #	14590
Transmittal No.	19-306
Amount Paid	50.00
Record No.	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. **A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable.** Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

1. TYPE OF NOTIFICATION:

A.  NEW B.  EMERGENCY C.  REVISED ITEMS REVISED:

2. FACILITY OWNER:

NAME: Mary Avallone  
ADDRESS: 296 Torrington Road  
CITY: Litchfield STATE: CT  
ZIP: 06759 PHONE NO.: 860 567 8640

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: Mary Avallone  
ADDRESS: 296 Torrington Road  
CITY: Litchfield STATE: CT  
ZIP: 06759 PHONE NO.: 860 567 8640

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES  NO

4. INSPECTION INFORMATION:

NAME OF INSPECTOR: Robert Bertolette  
LICENSE #: 00042 DATE OF INSPECTION: October 30, 2018  
INSPECTOR ADDRESS: 65 Lasalle Rd, suite 309 CITY: West Hart Bnd  
STATE: CT ZIP: 06109 PHONE NO.: 860 655 7071

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

5(A.)	DEMOLITION START DATE:	11/27/18	5(B.)	DEMOLITION COMPLETION DATE:	12/27/18
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Phone: (860) 509-7367 / Fax (860) 509-7378  
Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue, MS# 51 AIR

P.O. Box 340308

Hartford, CT 06134-0308

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6. **USE OF FACILITY:**

A. SCHOOL (K-12)      B. PUBLIC BUILDING      C. MANUFACTURING      D. OFFICE      E. COLLEGE  
 F. COMMERCIAL      G. CHURCH/SYNAGOGUE      H. RESIDENTIAL, # OF DWELLINGS      I. OTHER *garage*

(I. SPECIFY)

7. **BUILDING DATA:**      SQUARE FEET: 800      # OF FLOORS: 2      AGE: 1970's

8. **DEMOLITION CONTRACTOR:**

NAME: Mountaintop Trucking      CONTACT PERSON:  
 ADDRESS: 179 Colebrook River Road  
 CITY: Winsted      STATE: CT  
 ZIP: 06098      PHONE NO.: 860 496 7257

9. **DEMOLITION DISPOSAL FACILITY:**

NAME: Albreads refuge + sweeping  
 ADDRESS: 14 Iffland Pond Road  
 CITY: Litchfield      STATE: CT  
 ZIP: 06759      PHONE NO.: 860 483 6799

10. **DEMOLITION WASTE HAULER:**

NAME: Mountaintop Trucking  
 ADDRESS: 179 Colebrook River Road  
 CITY: Winsted      STATE: CT  
 ZIP: 06098      PHONE NO.: 860 496 7257

11. **PERSON COMPLETING THIS FORM:**

NAME: Cheryl Knox  
 ADDRESS: 54 Linden Avenue  
 CITY: Torrington      STATE: CT  
 ZIP: 06790      PHONE NO.: 860 496 7257

**SIGNATURE** Cheryl Knox      **DATE** 11/13/18

The submission of the **Notification of Demolition Form** is not required provided that an **Asbestos Abatement Notification Form** was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the **Asbestos Abatement Notification Form** submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (**Notification of Demolition Form** or **Asbestos Abatement Notification Form**, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.